

## HOMOSEXUALLY-ACQUIRED VENEREAL DISEASE\*

BY

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In a paper read in London to the Medical Society for the Study of Venereal Diseases in 1955 it was shown that of 1,000 consecutive patients with early syphilis and gonorrhoea, which were among those seen at the venereal diseases clinic of St. Mary's Hospital, London, in 1954, 84 (8.4 per cent.) admitted that they had been infected by homosexual contact (Jefferiss, 1956). A similar investigation at the same clinic 11 years later has shown that in the first 3 months of 1965, of a total of 1,997 new male cases of all diagnoses, 281 (14 per cent.) admitted homosexual contact: 31 (62 per cent.) of fifty cases of early syphilis and 89 (14.7 per cent.) of 604 cases of gonorrhoea. There are two reasons why the true figures may be even higher. First, homosexual patients with urethral gonorrhoea will often not admit to the male source of the disease, and secondly only those cases of proctitis in which the gonococcus was actually found were classed as "gonorrhoea" although there were many others with proctitis which we had good reason to suspect on historical or clinical grounds as being gonococcal but in which we were unable to prove the disease bacteriologically. At first sight it would seem that there has been an increase in the number of male cases of homosexually-acquired venereal disease, but this apparent increase may be due to the fact that patients are now less unwilling to admit to the source of their disease, that physicians are more on the look out for it than before, and that a clientèle of homosexuals has built up at this clinic as one patient tends to recommend another. My own impression is that, though the total number of cases has increased *pari passu* with the heterosexual increase, the actual proportion has changed little.

Syphilis nowadays appears to be more common among homosexuals than heterosexuals. In 1961 at St. Mary's, 81 (72 per cent.) of 113 male cases of

early infectious syphilis admitted homosexual exposure. At other clinics in London, Mascall (1961) gave a figure of 79 per cent., Nicol (1960) gave 32 per cent., and King (1962) gave 14 per cent. Again the true percentage of homosexually-acquired syphilis is probably even higher than these figures suggest.

In many other countries it has been noted that a significant proportion of patients with venereal disease are male homosexuals, for example by the Public Health Authorities in the United States of America (1963), Siboulet (1960) in France, Jackson (1963) in Canada, and Schmidt, Hauge, and Schønning (1963) in Denmark. There seems little doubt that the usually asymptomatic promiscuous "passive" homosexual male is an important source of venereal infection. Knowing the extent of the prejudice against them and in some countries fearing the penalties of the laws against homosexual acts, these men are deterred from coming for treatment and so remain a danger to themselves and others with their disease untreated. Often their infection is not recognized by the general physician because they are afraid to give the true history of their infection. Anal chancres are easily mistaken for simple fissures and a secondary syphilitic rash may be thought to be a manifestation of some other skin disease.

If venereal disease is to be stamped out, it is of course useless to attack it in one section of society alone without attacking it equally strongly in the other which for reasons of prejudice has sometimes been ignored. Homosexual males must be encouraged to come forward for examination and treatment by making them and the heterosexual equally welcome at the Venereal Disease Clinics. It is embarrassing enough for a patient to have to seek advice on venereal disease, but it must be very much worse for him to have to admit that he acquired the infection homosexually. Such obstacles to their attendance as

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the hostility of some physicians and the fear of legal penalties must be removed. If homosexuality was more openly discussed and its implications and causes, such as the breakdown of home life, were more widely known by young and old, the problem would be far better controlled than by the laws against it which now exist. At present young men are attracted to it as though it were an exciting forbidden vice such as drink or drugs which they feel they must try. It is not possible to change a homosexual outlook once it has developed, but in many cases this might be prevented if parents realized the importance of a boy's upbringing by both father and mother together. Much could also be done by propaganda, as for example the pamphlet issued by the Department of Public Health of the District of Columbia, USA, entitled "Homosexuality and Venereal Diseases", which points out that VD is widespread among homosexuals and having given a graphic description of the symptoms strongly advises homosexuals to attend for advice and treatment by their private physician or the Public Health Clinics in Washington D.C. The pamphlet stresses that in each case the patient can be sure that treatment will be confidential and anonymous.

Some might take a narrow view and say that the homosexuals should not be coddled and that we should not worry too much about diseases which they have brought on themselves by their own

behaviour, but as their diseases are soon carried by bisexuals to the opposite sex (and *vice versa*) it is essential that we should take all possible steps to attract the homosexual as well as the heterosexual to attend for treatment.

#### Summary

The rising incidence of venereal disease among homosexuals is discussed and the need to encourage them to seek treatment emphasized.

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#### Les maladies vénériennes contractées des homosexuels

##### RÉSUMÉ

L'incidence en hausse des maladies vénériennes parmi les pédérastes est discutée et la nécessité de les encourager à se faire soigner est soulignée.